

The Society of the

Lying-In Hospital

of the City of New York

Affiliated with the Society of the New York Hospital

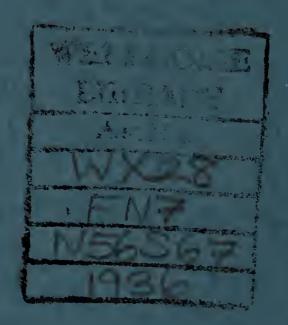
One Hundred and Thirty-Eighth

Annual Report

January 1st to December 31st, 1936

1936

Printed by order of the Board of Governors







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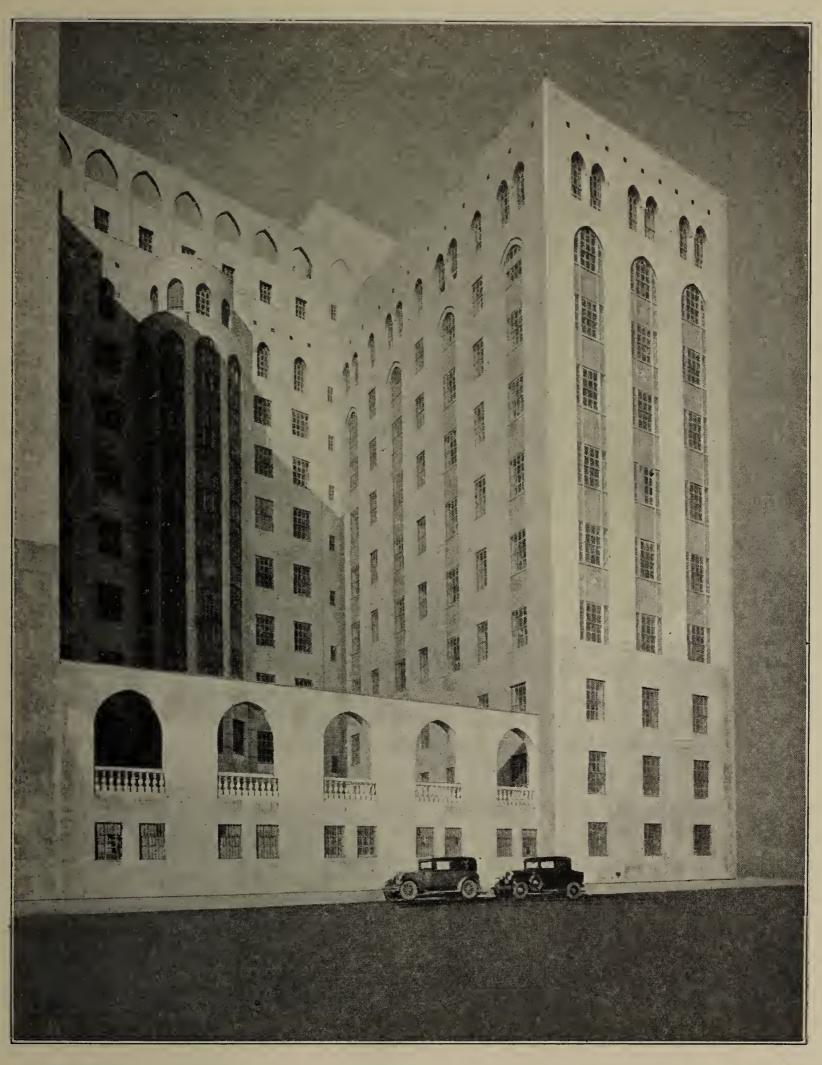
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THE LYING-IN HOSPITAL, 2ND AVENUE, 17TH AND 18TH STREETS. OPENED JANUARY 1902. CLOSED AND SERVICE TRANSFERRED TO NEW BUILDING AUGUST 1932.



THE NEW LYING-IN HOSPITAL, 70TH STREET AND EAST RIVER, OPENED AUGUST 15, 1932.

The beneficial object of the Lying-in Hospital is to provide medical care for patients before, during, and after confinement; as well as for non-pregnant patients requiring treatment of women's diseases. A certain proportion of both groups, being destitute, is admitted free of charge. The amounts paid by patients in the Out-Patient clinics, as well as those admitted to the Hospital, do not cover the actual cost of services rendered to them.

Lists of names of those who have subscribed to the General Fund, to the Birthday Fund, and of donations in kind, are omitted at the suggestion of several contributors. The Board of Governors, however, wishes to take this opportunity of again expressing gratitude for, and deep appreciation of their generosity and help toward meeting the expenses of operating the various departments of the Hospital.

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SOCIETY OF THE LYING-IN HOSPITAL OF THE CITY OF NEW YORK

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Assistant Superintendent Hugh Warren, M. D.

OFFICES AT THE HOSPITAL

530 East 70th Street, New York City Counsel: Wilson, Huntington & Lord

*Deceased

†Elected March 2, 1937

REPORT OF THE BOARD OF GOVERNORS

OF

THE SOCIETY OF THE LYING-IN HOSPITAL 1936

The Board of Governors of The Society of the Lying-In Hospital submits herewith its report for the 138th fiscal year ending December 31, 1936. The writer of this report was elected after the close of the year 1936 to fill the vacancy in the Presidency caused by the death of Wilson M. Powell. The loss to the Board of Governors by the death on May 1, 1936, of Lewis Cass Ledyard, Jr., who also served on the Law Committee, is recorded with profound sorrow.

That the Hospital has had another year of progress from both a medical and economic point of view is exemplified by the record of accomplishment in this report. The professional and administrative staffs have maintained the highest standards of service. In conjunction with the Cornell University Medical College the teaching program has been continued and developed as a corollary to the care of patients and research work.

Several changes have been made in the administrative offices in conformity with the revised by-laws. Mr. Murray Sargent's title was changed from Executive Director to Administrator-in-Chief. Dr. R. R. Hannon was appointed Superintendent. Dr. Thomas Howell, who had served as Advisory Superintendent, withdrew during the year. The position of Financial Secretary was abolished, the duties of the office being consolidated as an economy measure with similar activities in the office of The Society of the New York Hospital.

The Ladies' Auxiliary has carried on actively and effectively during the year. The members have continued their support of the Social Service Department of the Hospital, which has followed cases diligently and intelligently. The members of the Auxiliary took part for the first time in the United Hospital Fund campaign.

The Board once more records its grateful appreciation to those who have given of their time and means to help the Hospital through another year of economic stress. The outlook for the future is brighter because of the loyal support and interest of the Hospital's many friends.

HENRY G. BARBEY,

President.

THE SOCIETY OF THE LYING-IN HOSPITAL COMPARATIVE INCOME AND EXPENSE ACCOUNT FOR THE YEARS 1935 AND 1936

\$311,955.10 46,473.80 750.00 4,869.50	\$364,048.40	292,160.19	\$656,208.59	\$612,850.05 37,556.52 3,000.00 470.95 150.00 1,776.07
1936 3	\$151,356.71 140,803.48			
\$284,762.80 45,042.63 1,500.00 4,206.00	\$335,511.43	350,543.43	\$686,054.86	\$624,773.63 47,289.93 3,000.00 8,005.19 372.00 618.50 1,845.61 \$686,054.86
1935	\$128,197.50 222,345.93			
OPERATING INCOME OF THE WOMAN'S CLINIC Interest and Dividends Trusts Gifts and Miscellaneous.	Total Income Deficit, reimbursed by The Society of the New York Hospital: From special funds From general funds	[9]	OPERATING EXPENSES OF THE WOMAN'S CLINIC Real Estate Appropriation to Ladies' Auxiliary Legal Expense Pensions Annual Report Auditing—Corporation Miscellaneous Total Expenses

BRONSON WINTHROP, Treasurer.

MEDICAL STAFF

OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF HENRICUS J. STANDER, M. D.

CONSULTING OBSTETRICIAN AND GYNECOLOGIST GEORGE GRAY WARD, M.D.

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C. Frederic Jellinghaus, M. D. Herbert F. Traut, M. D. Hervey C. Williamson, M. D.

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EDWARD H. DENNEN, M. D.
LYNN L. FULKERSON, M. D.
W. HALL HAWKINS, M. D.
HOWARD S. McCandlish, M. D.
JOHN F. McGrath, M. D.

Joseph N. Nathanson, M.D.
John A. O'Regan, M.D.
Meyer Rosensohn, M.D.
Nelson B. Sackett, M.D.
Frank R. Smith, M.D.
Kyle B. Steele, M.D.
Lucius A. Wing, M.D.

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OSCAR GLASSMAN, M. D.
ARTHUR V. GREELEY, M. D.
KATHERINE KUDER, M. D.
CHARLES M. MCLANE, M. D.

Andrew A. Marchetti, M. D. Ludwig Neugarten, M. D. John B. Pastore, M. D. Jacob T. Sherman, M. D. Charles T. Snyder, M. D.

RESIDENT OBSTETRICIAN AND GYNECOLOGIST CLOYCE R. TEW, M. D.

ASSISTANT RESIDENT OBSTETRICIANS AND GYNECOLOGISTS

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CARL T. JAVERT, M. D.
DONALD R. NELSON, M. D.
ROGER B. NELSON, M. D.
JOSEPH S. STABNICK, M. D.
THOMAS D. TYSON, M. D.

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WILLIAM JOHNSON, M. D. JOHN W. MEAD, M. D. MAHLON F. MILLER, M. D. SAMUEL A. POPE, M. D.

LABORATORY ASSISTANTS

MISS ALBERTA KUDER, B. S., M. A., Pathology Mr. J. Francis Cadden, B. S., Chemistry MISS HENRIETTA S. RHEES, A. B., M. S., Bacteriology

NURSING STAFF

Anna D. Wolf, M. A., R. N., Director of Nursing Service Verda Hickcox, B. S., R. N., Assistant Director

MEDICAL REPORT

I have the honor to present the report of the Society of the Lying-In Hospital for the year 1936.

During that year the hospital beds were occupied to approximately the same extent as in the previous year, except that there was a notable increase in the number of semi-private and private patients. Of interest also was the continuation of the steady increase of gynecological patients experienced during the years 1933, 1934 and 1935.

In the latter part of this Report appears a section on "Statistics" (page 38), to which I refer those interested in the detailed However, I cannot refrain from citing below a few figures as they pertain in particular to maternal and fetal mortality. Lately much has been spoken and written on maternal mortality in the United States, the usual theme being that the results in this country compare unfavorably with those in most other countries. That such a statement should be strictly qualified in many respects is clear to those thoroughly familiar with the facts as well as with certain specific phases of the problem. The methods of recording vital statistics are very different in certain countries. In the United States it is the practice, and I believe the only proper one, to credit to our maternal mortality rate, all deaths from cardiac disease, nephritis, tuberculosis, and other complicating diseases, occurring in the pregnant, parturient or puerperal woman. Similarly, we have come to speak of uncorrected figures, including abortions and ectopic gestations, the latter often being included, in certain countries and clinics, under the general heading of gynecological mortality. However, it must not be concluded from these remarks that maternal mortality in this country is not appallingly high, as the figure for our birth registration area is still in the neighborhood of 8 per 1,000 live births.

In previous Reports I have emphasized the importance of better obstetrical teaching to our undergraduate medical students and more adequate and longer hospital training of graduates of medicine who intend to practice this specialty. I am convinced that during the past few years many of our medical schools and affiliated hospitals have become more and more aware of this fact and are gradually taking the necessary steps to correct this glaring weakness in our system of medical education and training.

In order that the reader may obtain a general view of the work conducted by the Lying-In Hospital during the past year, I have selected a few of the total figures as they pertain to the end-results and am presenting them in these paragraphs. For the detailed figures the reader is referred to the statistical section at the end of this Report.

The pavilion or ward beds have been occupied to the extent of 80 per cent, and the private beds over 75 per cent of full capacity. The occupancy of the semi-private service increased from 45 per cent in 1935 to more than 66 per cent in 1936. During the year 1936 we treated 4,042 obstetrical patients on the indoor and outdoor delivery services and 952 gynecological patients, a total of 5,015 patients. The deliveries for the year totalled 3,347, resulting in 3,390 babies. The total uncorrected maternal mortality, including abortions and ectopic pregnancies, was 2.721 per 1,000 patients, as compared with 3.106 per 1,000 for the year 1935. The gross infantile mortality rate, including all premature babies over 1,500 grams in weight, full term deadborn and still-born children, as well as neonatal deaths during the puerperium to the time of discharge from the hospital, was 3.687 per cent.

From the time that the new building of the Lying-In Hospital was opened up to the end of 1936, a period of 4 years and 4 months, we have treated 18,207 registered and unregistered obstetrical patients in our indoor and outdoor services with a total uncorrected maternal mortality, including abortions and ectopic gestations, of 2.251 per 1,000 patients, or when expressed in terms of live births, 2.324 maternal deaths per 1,000 live babies.

The gynecological service has shown a steady growth from the time the hospital was opened in September, 1932. In that year there were 154 gynecological discharges, 626 in 1933, 711 in 1934, 853 in 1935, and 952 in 1936. In our gynecological division the total death rate for 1936 was 3 in 952 patients, or 0.315 per cent. Of these 3 deaths, 2 were postoperative, and as there were 815 operations, this figure represents a postoperative death rate of 0.245 per cent.

As stated in earlier annual reports, for such results we feel indebted to the whole medical, nursing and anesthesia staffs. In the 1935 Annual Report, I described the intern and resident training, its close and constant supervision by the Attending Staff and the role these play in the attainment of our results. Every year I am more convinced that such a system of training and supervision is one of the first essentials in the safe and proper care of the pregnant, parturient and puerperal woman. I should like here also to stress the importance of aseptic and isolation technique throughout a maternity hospital, from the time of admission to that of discharge.

The nursing, under the direction of Miss Anna D. Wolf, Director of the School of Nursing and of the Nursing Service of the New York Hospital, and her associate, Miss Verda F. Hickcox, in immediate charge of the nursing service of the Lying-In Hospital, has maintained its high standard of efficiency established in previous years. I am also greatly indebted to the Maternity Center Association and the Henry Street Settlement Nursing Service for the valuable service these two worthy organizations have continued to render to the Lying-In Hospital and our home delivery service.

The staff of the John E. Berwind Free Maternity Clinic has conducted the work of that clinic in a highly satisfactory manner. Mrs. John E. Berwind has continued her generous support of the clinic founded at 125 East 103rd Street, by her late husband. Her cooperation and understanding of our problems have been a source of particular pleasure to me and have been of material assistance in the conduct of that work. This clinic furnishes a home delivery service to the needy living in the upper East Side of Manhattan, and functions as a unit of the Lying-In Hospital and the Cornell University Medical College, the Head of the Department of Obstetrics and Gynecology of the College being responsible for the professional work of both the Berwind and the Lying-In services. The Cornell medical students and

the resident staff of the Lying-In Hospital are thus afforded an unsurpassed opportunity for training in home delivery work. All patients cared for by the Berwind staff and needing hospitalization are admitted to the Lying-In Hospital. It affords me great pleasure to acknowledge my indebtedness to Miss Mary C. Skelley, Superintendent of the clinic, her assistants and the members of the Lying-In Hospital Attending Staff supervising the work, for their excellent cooperation and support.

The Lying-In Hospital owes a debt of gratitude to Miss S. M. Gillam, Director of the Department of Nutrition of the New York Hospital, and her staff. This department always seems to solve its many difficult problems in the most highly satisfactory and efficient manner. It has gained the admiration of staff members, as well as patients.

The Department of Pediatrics of the New York Hospital has continued to care for our newborn babies as in past years. The arrangement between that department and the Lying-In Hospital has worked most satisfactorily since its initiation in 1932. The Pediatrician-in-Chief of the New York Hospital and his staff assume the responsibility for the medical care of the newborn, both premature and full term, from the time of birth till discharge from the hospital. I wish to express my appreciation and thanks to Dr. Samuel Z. Levine and his staff.

I am also indebted to Dr. Eugene F. DuBois, Physician-in-Chief to the New York Hospital, and his assistants, who have so willingly given us much of their time and advice. The medical complications in a maternity hospital, treating 5,000 or more patients a year, are indeed numerous and hardly a day passes that a medical consultation is not demanded. The Lying-In Hospital would be at a great disadvantage without the constant help and advice from various members of Dr. DuBois' staff, not only in special out-patient clinics, such as Cardiac, but also in the pavilion, private and semi-private floors of the hospital.

The other clinical and laboratory departments of the New York Hospital have given us excellent cooperation. We frequently call on the Department of Surgery and Psychiatry for consultation, and this has always been freely rendered with great benefit to us. The subdepartment of Ophthalmology, under the

very able direction of Dr. Bernard Samuels, has given us unfailing assistance in the study and evaluation of the eye-ground findings in patients suffering from one or other of the toxemias of pregnancy or from nephritis. I am indebted to Dr. Samuels and his associate Dr. M. L. Berliner.

The teaching schedule of the Lying-In Hospital is extensive, as instruction in obstetrics and gynecology is given to the third and fourth year medical students of the Cornell University Medical School, undergraduate medical students from other universities, the New York Hospital undergraduate nurses, affiliated nurses from other hospitals, and a large intern and resident staff. The instruction to the medical students from other universities is conducted during the four summer months, starting June 1st, and is practical in nature. During 1936 we have continued our Monday afternoon Staff Conferences, and Journal Club meetings on alternate Friday afternoons. These are open to physicians and are invariably well attended. I again wish to extend an invitation to New York and out-of-town doctors to attend these meetings, as well as to any other function of the Lying-In Hospital: Visiting doctors may observe the work of the hospital for as long a period as they may desire.

Research projects have been conducted in various phases of obstetrics and gynecology. Original contributions have been published on the etiological factors in pyelitis, puerperal infection, blood chemistry and kidney function in pregnancy, control and treatment of postpartum hemorrhage and the toxemias of pregnancy.

This Department is in great need of funds for the continuation and extension of its research work. The problem of hemorrhage, in all its phases, is one that must be solved if we are to materially lower maternal mortality. Many aspects of this particular problem are at present being investigated in this Department, but this work will soon have to cease if financial aid is not forthcoming from sources interested in the general subject of maternal and infantile mortality.

It affords me particular pleasure to acknowledge our deep indebtedness to the Ladies' Auxiliary Board of the Lying-In Hospital. They have continued in their generous support of our Social Service Department. This Board and its Executive Committee have given me valuable advice and assistance in many of our hospital problems. Because of the many years that the Ladies' Auxiliary Board has been such an intimate part of the Lying-In Hospital, its members have a keen perception of the aims and ideals of this hospital and as a consequence are of invaluable aid to those directing the work of the hospital. The reports of the President and the Treasurer of the Ladies' Auxiliary Board appear on pages 19 and 24, and that of the Director of our Social Service Department on page 21.

Mr. Murray Sargent, Administrator-in-Chief of the New York and Lying-In Hospitals, has been of the utmost assistance to us, displaying at all times a sympathetic understanding of our many administrative problems. In his difficult task, he has had the able assistance of Dr. R. Roger Hannon, Superintendent, Dr. William H. Spiller, Associate Superintendent, and Dr. Hugh Warren, Assistant Superintendent of these two hospitals. The members of the Medical and Nursing Staffs of the Lying-In Hospital are deeply appreciative of the excellent cooperation given them by these administrative officers, as well as by their various departmental heads and their assistants.

Finally, it is my pleasure to express to the Board of Governors of the Lying-In Hospital and the Board of Governors of the New York Hospital our indebtedness for their support. These men have been unfailing in their supervision, advice and assistance. I am of the opinion that it is not only the privilege, but also the duty and obligation, of trustees of an endowed institution closely and intelligently to supervise the work of such an institution. Let me say that the two Boards, as I see it, have been and are carrying out their obligations and this has been more than welcomed by the professional and administrative staffs.

HENRICUS J. STANDER, M.D.,

Obstetrician and Gynecologistin-Chief to the New York Hospital.

REPORT OF NURSING ACTIVITIES

I herewith submit the annual report of the nursing department of the Lying-In Hospital, for the year of nineteen hundred and thirty-six.

The aim of our service has always been to give the best possible care to patients. Efforts have been directed toward this end particularly through continued improvement in the instruction and supervision of the students and new general duty nurses. Further efforts have been made to safeguard the service to patients by the appointment of former students and continued preparation of staff members for advancement and enlarged responsibilities within the organization.

The educational work of our department has progressed during the past year. A total of one hundred and nine students completed the course in obstetrical and gynecological nursing. Forty-six of this number were under-graduate students, four from the New York Hospital Westchester Division School of Nursing, White Plains, New York; eleven from the Moses Taylor Hospital School of Nursing, Scranton, Pennsylvania; and thirty-one from the New York Hospital School of Nursing, New York, New York.

Sixty-one graduate students have completed the basic course. Four others had courses arranged to meet their individual needs. One of these was Miss Yun-Chu Sheh, a graduate of the School of Nursing of the Peiping Union Medical College, Peiping, China, a student from the Rockefeller Foundation. Two graduate students registered for the advanced course, which was instituted a year ago, and are now attending lectures in Ward Management and Ward Teaching and having practical experience as acting assistant head nurses on the pavilions.

The health of the staff continues to be a matter of great concern. It is the policy of the administration that early precautions must be taken; therefore, as soon as manifestations of infection appear, especially when of a respiratory nature, the

nurse is sent off duty to receive medical attention and may not return until the symptoms disappear. This regulation has been adopted in order to safeguard the health of both personnel and patients, and, as a result, the number of days lost on account of sickness is very high (964 days) although we have had no serious illness during the year. Five hundred and forty-three days' leave of absence were granted to our staff. About one-half of this time was due to illness in the family.

The Christmas season was greatly enjoyed by our patients although they had to be away from home. Mr. William A. W. Stewart's generous gift of one hundred dollars enabled us to give a dainty knitted shoulderette to each one of the patients. Bibs for the babies were made by the nurses, as usual. The nutrition department served a delicious Christmas dinner, and the trays were made most attractive with flowers provided by Mrs. Kenneth Hall, a former patient and friend of the Hospital.

We are greatly indebted to Dr. H. J. Stander, Director of the Lying-In Hospital, and his staff for their interest and generous cooperation in all that pertains to the nursing service and the education of student nurses.

In conclusion, I wish to express appreciation and gratitude to all the members of our nursing staff and to members of other departments who have assisted us during the past year.

Respectfully submitted,

VERDA F. HICKCOX, R. N., Head of Obstetrical and Gynecological Nursing Service and Instruction.

LADIES' AUXILIARY TO THE SOCIETY OF THE LYING-IN HOSPITAL

ANNUAL REPORT OF THE PRESIDENT FOR THE YEAR ENDING OCTOBER 31, 1936

The work of the Social Service Department has been running smoothly during the past year under the able direction of Mrs. Kinzel.

We were sorry to have Mrs. McLane and Miss Street resign after more than two years in the hospital. They have been replaced by Mrs. Cowles and Miss Fisher. Thus the total number of our personnel remains the same, viz:—the Director, two Case Workers, a Secretary, and a part time Clerical Assistant.

Our auxiliary consists today of 155 members. There were two resignations during the year and two new members have joined the auxiliary.

Mrs. Paul Pryibil, the treasurer, reported disbursements of \$8,723.63 during the year.

Mrs. Kingsford, chairman of the Volunteers Committee, reports that 15 workers have given 990 hours during 330 sessions during the year. We are most grateful to these volunteers for the faithful work which they have done.

Mrs. E. Farrar Bateson, chairman of the House Committee, reported gifts of books, magazines and old linen. Mrs. A. P. Morgan gave Christmas decorations. The Junior Emergency Relief Society sent 15 layettes; the Bronxville sewing group of the Junior League 15 layettes; and the Maternity Guild of the Church of the Transfiguration sent 1 layette. We gave out 46 layettes.

Baby clothing was received from the West Marlboro Missionary Society; Miss Marion Wharton; Mrs. Doris Marcuse; New York Junior League, and Mrs. E. Farrar Bateson.

Miscellaneous adult clothing was given by Miss M. Treiber and Miss Blanche Lee.

Mrs. Bateson gave a plant and map for the Social Service office.

We wish to thank the Library Committee of the New York Hospital for distributing 5105 books to the patients of the Lying-In Hospital.

In the spring it was decided that we should join the United Hospital Fund Drive. Mrs. Paul Pryibil was appointed our group leader. We have three teams of ten members each, with Mrs. Marston, Mrs. Lovett and Mrs. Millet as team captains.

Respectfully submitted,

VIRGINIA M. PRINCE,

President.

ANNUAL REPORT OF THE SOCIAL SERVICE DEPARTMENT

I herewith submit the annual report of the Social Service Department for the year ending October thirty-first, nineteen hundred and thirty-six.

The general routine of the Social Service Department, as presented in last year's report, has been altered only in minor details during the past year as it has been found serviceable and efficient.

Of interest, however, are several surveys. Two in particular have required considerable time and effort but the results have justified the undertaking.

One involved the close cooperation of three departments. study was undertaken of all the toxemia patients who had been known to the Hospital since its opening in 1932. This study was made at the request of two of the doctors in the clinic who wished to make an intensive study of this condition. Social Service worked with the clinic aide in getting up the charts of all these patients. Then a special letter was written by Social Service requesting that they return to the clinic for special check-up, and enclosing a definite appointment. If the letter was returned, the case was dropped, the futility of trying to trace those who had left no forwarding address being obvious. However, if the letter was not returned, and the patient did not come to clinic, through a special arrangement with Maternity Center Association, one of their nurses visited the home and urged attendance. Through this highly cooperative arrangement, the doctors were able to pursue their study of the toxemia patients. Over 1500 patients have been followed and approximately 50% of them returned. Exact figures are not available as the study is still going on.

Another survey was carried on solely by Social Service, and involved a study of all of the unmarried mothers known to us since 1933, numbering 132. Their charts were searched for as much information as was available regarding family background,

occupation of both patient and alleged father of the child, ages, religions, disposition of child, etc.

There were many worth while conclusions and unusual sidelights, too detailed to present in their entirety, drawn from the study. However, the statistical results were very interesting. The largest age group for the girls was 19, although they ranged from 15 to 41. For the men, the peak of the age curve was at 25 with a range from 17 to 45. Sixty-five mothers were Catholic, 49 Protestant, 12 Jewish, 1 Russian Orthodox, 1 Greek Orthodox, and four gave no religion. Two men were Catholic, none Protestant, 4 Jewish, I Greek Orthodox, and 125, religion not known. Twenty-two nationalities were included in the group: 93 of the women were American born, 38 foreign born, and 1 not known; of the men, 63 were American born, 37 foreign born, and 32 not known.

In the field of occupation there was an interesting spread. The greatest number of girls were either students or those living at home, numbering 41; domestics 32; office workers 17; trades 15; factory workers 10; salesgirls 8; entertainers 2; artists 2; professions 1; occupation not known 4. Among the men, the distribution was as follows: trades 39; salesmen 18; laborers 16; entertainers 8; relief 6; office workers 5; factory workers 5; farmers 2; students 2; professions 2; artists 1; not known 28.

As accurate an account as possible was made of the disposition of the babies and figures were as follows: 83 mothers were planning to keep their babies when they left the Hospital; 18 desired to make plans for adoption; 7 babies were stillborn or died; 23 did not indicate their plans; 1 abandoned her baby.

There have been several changes in personnel during the year. The department has maintained its high standard of education, background and professional training in the selection of new members for the staff.

Significant figures for the year are as follows: 15,768 visits were made by patients to the ante-partum clinic. Of this number 2,106 were new, and 2,070 were referred to the post-partum clinic. Of this last group, only 130 did not return: 78 patients failed to respond to follow-up; 36 were transferred to private doctors; and 16 moved and could not be located.

The percentage of returns to the post-partum clinic was 94% for the year, although during the month of November this percentage reached the exceptional high of 98%. We feel this is a splendid indication, not only of the patients' confidence in the Hospital, but also of the efficacy of our interpretation and follow-up.

We wish to thank the many individuals and organizations who have furthered our work by donations and contributions during the year.

As always, we are most grateful to the Ladies' Auxiliary who have been so helpful and understanding, and it is with a sincere expression of gratitude to them that we wish to close our report.

Respectfully submitted,
VIRGINIA T. KINZEL,
Director.

LADIES' AUXILIARY

Treasurer's Report, Year Ending October 31, 1936.

Receipts			
Annual Dues Patrons Associates Contributing Sustaining	\$ 800.00 100.00 575.00 860.00	\$2,335.00	
Donations			
Board of Governors of the Lying-In Hos-			
pital: October 31, 1935 Nov. 1, 1935–Oct. 31, 1936	1,500.00 3,000.00		
	4 500 00		
Mrs. Morgan Hamilton	4,500.00 1,500.00		
Mrs. Herbert L. Satterlee	240.00		
Mrs. Junius S. Morgan	100.00		
Mrs. Paul G. Pennoyer	75.00		
Mrs. Richard F. Hoyt	5.00		
contribution to Lying-In Hospital for			
rental of radium	350.00		
Mrs. Robert A. Lovett and Mrs. Paul Pryibil—to provide for special contri-			
bution to Children's Welfare Federation	25.00	6,795.00	
Babies' Class Dues		618.00	
Christmas Fund		40.50	
Proceeds of "Ideas Unlimited" exhibition.		25.50	
Babies' Alumni Dues		960.00	
Total Receipts			\$10,774.00
DISBURSEMENT	S		
New York Hospital—Salaries	\$7,222.35		
Lying-In Hospital—rental of radium	350.00		
Pension	360.00		
Lunch money Postage, printing and stationery	149.05 107.84		
Petty expenses—Mrs. V. T. Kinzel, Dr.	100.00		
Books "Advice to Mothers"	41.00		
Christmas gifts to employees	40.00		
Auditing	$25.00 \\ 25.00$		
Welfare Council of the City of New York.	10.00		
The state of the s	23.00		

Subscription to magazines presented to New York Hospital Library	
Babies' Alumni Fund	
Relief	
Material for sewing class	
Total Disbursements	8,723.63
Excess Receipts Over Disbursements	\$2,050.37
Cash on Deposit November 1, 1935	2,385.77
Balance, Cash on Deposit with Irving Trust Company October 31, 1936: General \$3,083.74	
Babies' Alumni	\$4.436.14

Respectfully submitted,

HELEN PORTER PRYIBIL,

Treasurer.

LADIES' AUXILIARY

TO THE SOCIETY OF THE LYING-IN HOSPITAL

1936

OFFICERS

President							Mrs. Frederick H. Prince, Jr.
First Vice-President .	•					•	Mrs. Robert A. Lovett
Second Vice-President .							Mrs. Allan S. Locke
Treasurer							Mrs. Paul Pryibil
Assistant Treasurer							Mrs. E. Farrar Bateson
Recording Secretary	٠						Mrs. Henry S. Morgan
Corresponding Secretary	•	•	•		•	•	Mrs. Alexander P. Morgan

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Mrs. Robert A. Lovett	Mrs. Paul Pryibil
MRS HUNTER S MARSTON	MRS HISTON RAWLS

Mrs. William A. W. Stewart

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Chairman of Executive Committee.			Mrs. Frederick H. Prince, Jr.
Chairman of House Committee			Mrs. E. Farrar Bateson
Chairman of Voluntoer Committee			Mrs. Alexander P. Morgan
Chairmen of Volunteer Committee .	•	ŧ	MRS. IRVING B. KINGSFORD

LADIES' AUXILIARY

TO THE

SOCIETY OF THE LYING-IN HOSPITAL

MEMBERS

Aldred, Mrs. John E. Alker, Mrs. Carroll B. Anderson, Mrs. Henry H. Andrews, Mrs. DeLano Auchincloss, Mrs. J. Howland Bacon, Mrs. Robert Barney, Mrs. Charles T. Bartow, Mrs. Francis D. Bateson, Mrs. E. Farrar Bleecker, Mrs. Lyman C. Bloodgood, Mrs. Wilber A. Bodman, Mrs. Herbert L. Bowdoin, Mrs. George T. Braman, Mrs. Chester A. Brown, Mrs. Donald W. Budd, Mrs. Kenneth P. Burrill, Mrs. Middleton S. Burton, Mrs. Crawford Burton, Mrs. Robert Lewis Campbell, Mrs. James B. Carhart, Mrs. Harold W. Carver, Mrs. Clifford N. Cheney, Mrs. Ward Clark, Mrs. F. G. Clark, Mrs. Grenville Clarke, Mrs. George H. Clendenin, Mrs. Joseph, Jr. Cogswell, Mrs. William F. Collier, Mrs. Price Corey, Mrs. Alan L. Coulter, Mrs. Charles J. Cromwell, Mrs. Jarvis Cushman, Mrs. Paul Davenport, Mrs. McHarg Davis, Mrs. Asa B., Jr. deRham, Mrs. Casimir

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Lawrence, Mrs. Effingham, Jr. Lawrence, Mrs. John L. Lawrence, Mrs. Townsend Ledyard, Mrs. Lewis Cass Lloyd-Smith, Mrs. Wilton Locke, Mrs. Allan S. Lorillard, Mrs. Pierre Lovett, Mrs. Robert A. Lowe, Mrs. Henry W. McGrath, Mrs. Raymond D. McLane, Mrs. Pratt Markoe, Mrs. James W. Marsh, Mrs. John B. Marston, Mrs. Hunter S. Milburn, Mrs. Devereux Millett, Mrs. Stephen C., Jr. Mitchell, Mrs. Clarence Blair Mitchell, Mrs. Clarence Van S. Moore, Mrs. Louis deB. Morgan, Mrs. Alexander P. Morgan, Miss Anne Morgan, Miss Caroline L. Morgan, Mrs. Edwin Morgan, Mrs. Henry S. Morgan, Mrs. Junius S. Mott, Mrs. John B. Nichols, Mrs. George Nixon, Mrs. Lewis Nixon, Mrs. Stanhope W. Norton, Mrs. C. D. O'Brien, Mrs. Kenneth Parker, Mrs. Willard, Jr. Paton, Mrs. Morton S. Peabody, Mrs. John D. Pell, Mrs. Clarence C. Pendleton, Mrs. Francis K. Pennoyer, Mrs. Paul G. Pierce, Mrs. Palmer E.

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ENDOWED BEDS EXTRACT FROM BY-LAWS

PERSONS MAY CONTRIBUTE TOWARD THE ENDOWMENT OF BEDS IN THE SOCIETY'S HOSPITAL BY THE PAYMENT OF A SUM NOT LESS THAN \$7,500, THE ANNUAL INCOME FROM WHICH WILL BE APPLIED TO THE COST OF MAINTAINING A FREE BED IN ONE OF THE WARDS SO FAR AS SUCH INCOME WILL SUFFICE TO PAY SUCH COST. PERSONS MAKING SUCH PAYMENTS SHALL HAVE SUCH RIGHTS IN RESPECT TO NAMING PATIENTS TO THE SOCIETY FOR TREATMENT AS THE GOVERNORS SHALL FROM TIME TO TIME PRESCRIBE.

ENDOWED IN PERPETUITY

1895

In memory of Mrs. Robert L. Stuart By Mr. and Mrs. George G. Williams

1902

In memory of Antoinette, Countess Seilern By Mrs. Anna Woerishoffer

1912

In memory of her mother, Lucy Morgan Street By Mrs. Geo. P. Eustis The Anna Woerishoffer Bed By Mrs. Anna Woerishoffer

3y Mrs. Geo. P. Eus. 1914

The MARIE STUART BED

1916
By Henry Clay Frick, Esq.

By Lilla Gaites

1928

In memory of Ida May Dickinson By Estate of Henri D. Dickinson

A DONOR SUBSCRIBING AT ONE TIME TO THE FUNDS OF THE SOCIETY THE SUM OF FIVE THOUSAND DOLLARS BECOMES A PATRON OF THE SOCIETY, AND A PERSON SO SUBSCRIBING THE SUM OF FIVE HUNDRED DOLLARS BECOMES A BENEFACTOR OF THE SOCIETY.

PATRONS

Persons subscribing at one time to the funds of the Society the sum of five thousand dollars or more

ROBERT BACON
GEORGE F. BAKER
GEORGE F. BAKER, JR.
BARONESS DE HIRSCH
THOMAS W. LAMONT
MRS. THOMAS W. LAMONT
LEWIS CASS LEDYARD
JOSEPH F. LOUBAT
J. PIERPONT MORGAN
J. PIERPONT MORGAN, JR.

GEORGE W. PERKINS
HENRY PHIPPS
HERBERT L. PRATT
DANIEL G. REID
ROCKEFELLER FOUNDATION
THOMAS F. RYAN
CHARLES STEELE
CORNELIUS VANDERBILT
WILLIAM K. VANDERBILT
PAYNE WHITNEY

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Donors subscribing at one time to the funds of the Society the sum of five hundred dollars, or more, but less than five thousand dollars

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JOHN W. DAVIS

Mrs. George E. Dodge Mrs. George P. Eustis

WALTER E. FREW ELBERT H. GARY EDWIN GOULD

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MRS. HERBERT L. SATTERLEE

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HENRY A. C. TAYLOR

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F. Delano Weekes Miss Grace Wilkes George G. Williams

EDGERTON L. WINTHROP MRS. ROBERT WINTHROP

MRS. ANNA WOERISHOFFER

GOVERNORS AND OFFICERS OF THE SOCIETY OF THE LYING-IN HOSPITAL

FROM ITS INCORPORATION, 1799

GOVERNORS AND PERIODS OF SERVICE

GOV	ERNORS AND F	ERIODS OF SERVICE	
Robert Lenox	(1799-1835)	Philip Hone	(1829-1847)
Cornelius Ray	(1799-1824)	Elisha Tibbits	(1831-1835)
Archibald Gracie	(1799-1824)	John S. Cary	
Henry Remsen	(1799-1835)	Dennis McCarthy	
John Thompson	(1799-1799)	George Jones	
John S. Robertson	(1799-1800)	Robert Ray	
Robert Downe	(1799-1799)	Lewis C. Hammersly	
Matthew Clarkson	(1799-1822)	Isaac S. Hone	
Thomas Pearsall	(1799-1807)	Benjamin F. Butler	
Rev. John Christopher		William F. Mott	(1845-1866)
Kunze	(1799-1807)	Dr. Alexander E. Ho-	
William Houstoun	(1799-1811)	sack	
Andrew Hamersly	(1799——)	Thomas W. Ludlow	
William Bayard	(1799)	Joseph B. Collins	
John Charlton	(1799)	Theodore Sedgwick	
David M. Clarkson	(1799-1814)	James G. King	(1845-1847)
William Jauncey	(1799)	Robert B. Minturn, Sr	(1845-1866)
J. C. Vanden Heuvel	(1799)	William Birdsall	(1845-1855)
Frederic De Peyster	(1802-1829)	Joshua S. Underhill	
Dr. George Anthon	(181821)	John Jay	
Dr. David Hosack	(18—-1835)	George Wilkes	
Andrew Morris	(18—-1816)	George T. Trimble	
Rev. Abraham Beach,		Apollos R. Wetmore	(1854-1881)
D. D	(18—1813)	Thomas B. Stillman	(1854-1866)
Charles L. Cammann	(18—-1806)	Benjamin R. Winthrop.	(1854-1879)
Jacob Le Roy	(18—-1807)	Stewart Brown	
Thomas C. Pearsall	(1808-1813)	Jacob Harsen	
De Witt Clinton	(1808-1816)	Benjamin D. Silliman.	
Peter P. Goelet	(1813-1824)	John C. Green	(1861-1875)
Charles Wilkes	(1813-1832)	Andrew Warner	(1863-1892)
Peter Augustus Jay	(1813-1822)	James Lenox	(1866-1880)
Jacob Sherred	. (1813)	William A. Aspinwall	(1866-1869)
John Hone	(1821-1832)	Robert B. Minturn	(1866-1880)
Lynde Catlin	(1821-1832)	Robert L. Kennedy	(1868-1887)
Charles McEvers	(1821-1835)	Joseph W. Patterson	(1868-1881)
Abijah Hammond	(1821-1822)	Egerton Leigh Win-	
Nathaniel Prime	(1822-1835)	throp	(1869-1905)
John Watts	(1822-1830)	LeGrand B. Cannon	(1873-1874)
William Bard	(1829-1854)	Albert M. Patterson	(1874-1892)
Dr. James Pendleton	(1829-1832)	George G. Williams	(1879-1903)

The 1 to D	(1000 1000)					
Frederic Bronson	(1880-1900)	Morton S. Paton	(1907-1926)			
Charles E. Tracy		Elbert H. Gary	(1909-1927)			
Robert Lenox Belknap.	(1880-1896)	Francis R. Appleton	(1909-1928)			
John A. Weekes	•	John T. Atterbury	(1909-1912)			
William A. Duer		Temple Bowdoin	(1913-1913)			
Robert Ray Hamilton.		G. Hermann Kinnicutt.	(1913-1928)			
Henry V. R. Kennedy.	(1888-1891)	Henry W. Monroe	(1913-1920)			
Frederic W. Stevens	(1890-1892)	George F. Baker, Jr	(1914-1928)			
Edmund L. Baylies	(1890-1923)	Herbert L Satterlee				
William T. Lawrence		James Gore King				
Egerton L. Winthrop, Jr.		William H. Porter	(1919-1928) $(1920-1926)$			
Frederick Delano		Junius Spencer Morgan,	(1320-1320)			
· Weekes		Jr	(1920-1928)			
Henry A. C. Taylor		Frank L. Polk				
George B. McClellan			•			
Francis S. Bangs		Stephen Merselis				
Dr. Edward W. Lam-	(1001 1000)	George T. Bowdoin	(1927-1928)			
bert	(1895-1904)	Henry Sturgis Morgan.	(1927-1928)			
Thomas Newbold	(1895-1899)	Walter Jennings	(1928-1933)			
William Greenough	(1896-1898)	Edward W. Sheldon	(1928-1934)			
W. Pierson Hamilton	(1897-1924)	Paul Tuckerman	(1928——)			
Trenor L. Park	(1898-1905)	Howard Townsend				
Lewis Cass Ledyard	(1899-1928)	Augustine J. Smith	(1928)			
J. Pierpont Morgan	(1999-1928) $(1900-1913)$	Charles S. Brown	(1928-1935)			
Richard T. H. Halsey.		Bronson Winthrop	(1928)			
Robert Bacon		Henry G. Barbey	(1928——)			
		Cornelius N. Bliss	(1928)			
William B. Leeds	(1904-1908)	William Woodward	(1928)			
Dr. Samuel W. Lam-	(1005 1014)	Lewis Cass Ledyard, Jr.	(1928-1936)			
bert Putler		John Hay Whitney				
Nicholas Murray Butler		Wilson M. Powell				
Amos Tuck French	`					
J. Pierpont Morgan, Jr.		Barklie McKee Henry .				
John McL. Nash	(1900-1909)	Williamson Pell	(1935-1936)			
${ m P}_{ m RE}$	SIDENTS AND T	CERMS OF SERVICE				
Thomas Pearsall	(1799-1807)	Egerton L. Winthrop	(1891-1892)			
Cornelius Ray	•	John A. Weekes				
Robert Lenox		William A Duer				
William Bard		J. Pierpont Morgan				
Benjamin F. Butler	•	Lewis Cass Ledyard				
		J. Pierpont Morgan, Jr.				
George T. Trimble		Edward W. Sheldon				
Robert Ray		Wilson M. Powell	•			
			,			
Benjamin D. Silliman.	(1001-1090)	*Henry G. Barbey	(1937)			
VICE-PRESIDENTS AND TERMS OF SERVICE						
Rev. John Christopher		Dr. George Anthon	(1813-1821)			
Kunze	(1799-1807)	Robert Lenox				
Samuel Osgood	•	Henry Remsen	•			
- Community Congress of the Co	*Elected Ma	-	(1010 1001)			
	THEOREM 1416	1011 2, 1001				

Theodore Sedgwick (1854-1855) Robert B. Minturn, Sr. (1861-1866) Robert Ray (1866-1872) James Lenox (1872-1879) Apollos R. Wetmore (1879-1880) Benjamin D. Silliman (1880-1881) Robert Lenox Kennedy (1881-1887) Egerton L. Winthrop (1887-1891) John A. Weekes (1891-1892) William A. Duer (1892-1894)	George G. Williams (1894-1903) Egerton L. Winthrop (1903-1905) Robert Bacon (1905-1907) J. Pierpont Morgan, Jr (1907-1921) Morton S. Paton (1921-1926) Lewis Cass Ledyard (1927-1928) Walter Jennings (1928-1933) Wilson M. Powell (1933-1934) Barklie McKee Henry (1934)
Treasurers and	TERMS OF SERVICE
Frederic De Peyster (1802–1829) Charles Wilkes (1829-1833) William Bard (1833-1845) Joseph B. Collins (1845-1862) Benjamin R. Winthrop. (1862-1872) Joseph W. Patterson (1872-1881) Andrew Warner (1882-1892) Robert Lenox Belknap. (1892-1896) Francis S. Bangs (1896-1897)	Frederic Bronson (1897-1900) Francis S. Bangs (1900-1904) F. Delano Weekes (1904-1905) Francis S. Bangs (1905-1908) W. Pierson Hamilton (1908-1924) Stephen Merselis (1924-1928) Paul Tuckerman (1928-1930) Bronson Winthrop (1930)
Secretaries and	TERMS OF SERVICE
William Houstoun (1799-1811) Peter Augustus Jay (1813-1822) Lynde Catlin (1822-1829) William Bard (1829-1833) John S. Cary (1833-1845) Dr. Alexander E. Hosack (1845-1854) Joshua S. Underhill (1854-1857) Benjamin R. Winthrop (1858-1863)	Andrew Warner (1863-1892) Robert Lenox Belknap . (1892-1893) F. Delano Weekes (1893-1905) W. Pierson Hamilton (1905-1906) Francis S. Bangs (1906-1908) Edmund L. Baylies (1908-1918) James Gore King (1918-1928) Frank L. Polk
PHYSICIANS, CHIEF SURGEONS AND CHIEF WITH T	Obstetrician and Gynecologist-in- Cerms of Service
David Hosack (1799-1822) John R. B. Rodgers (1799-1809) William Moore (1799-1822) Wright Post (1799-1822) Andrew Hamersly (1805-1813) Samuel L. Mitchell (1805-1807) Edward Miller (1808-1811) Richard S. Kissam (1813) John W. Francis (1823) James Pendleton (1829) Alexander E. Hosack (1829-1845)	George Wilkes (1829-1845) Fayette Cooper (1832) James W. Markoe (1892-1918) Samuel W. Lambert (1892-1905) H. McM. Painter (1892-1905) J. Clifton Edgar (1892-1899) Austin Flint, Jr (1892-1899) Asa B. Davis (1903-1930) James A. Harrar (1930-1932) H. J. Stander (1932)

A PERSON SUBSCRIBING TO THE FUNDS OF THE SOCIETY A SUM NOT LESS THAN FIVE DOLLARS PROVIDING HIS SUBSCRIPTION IS ACCEPTED BY THE BOARD UPON BEING DULY NOMINATED AND ELECTED BY THE GOVERNORS, MAY BECOME A MEMBER OF THE SOCIETY.

MEMBERS OF THE SOCIETY

	When lected		When Elected
Arthur M. Anderson	1927	Frank B. Keech	
William Vincent Astor	1932	Frederick Gore King	. 1879
George F. Baker, Jr	$1\bar{9}13$	G. Hermann Kinnicutt	. 1912
Robert Lenox Banks	1893	Samuel W. Lambert, M.D.	. 1904
Henry G. Barbey	1928	Thomas W. Lamont	
Francis D. Barstow	1927	H. G. Lloyd	. 1922
Waldron Phoenix Belknap	1881	Clarence H. Mackay	
Edward J. Berwind	1911	George B. McClellan	. 1893
Cornelius N. Bliss	1928	Stephen Merselis	. 1923
George T. Bowdoin	1927	Henry Sturgis Morgan	. 1927
Nicholas Murray Butler	1904	J. Pierpont Morgan, Jr	. 1905
John Claflin	1911	Junius Spencer Morgan, Jr	. 1920
Joseph H. Choate, Jr	1928	Williamson Pell	. 1935
Thomas Cochran	1922	Paul G. Pennoyer	. 1922
John H. Davis	1896	Frank L. Polk	. 1923
Wm. North Duane	1914	Herbert L. Satterlee	. 1914
Guy Emerson	1922	Augustine J. Smith	. 1928
William Ewing	1927	Charles Steele	. 1922
Amos T. French	1898	E. F. Stotesbury	. 1922
R. Horace Gallatin	1928	Paul Tuckerman	. 1928
Thomas S. Gates	1922	Cornelius Vanderbilt	. 1900
Richard T. H. Halsey	1902	George Whitney	. 1922
W. Pierson Hamilton	1897	John Hay Whitney	. 1928
Barklie McKee Henry	1932	Bronson Winthrop	. 1887
G. Beekman Hoppin	1928	William Woodward	. 1928
Arthur Iselin	1928		

DECEASED MEMBERS OF THE SOCIETY

	When		When
	lected		Elected
Alexander McL. Agnew	1878	Romulus R. Colgate	1896
James W. Alexander	1893	Joseph B. Collins	1845
Frederic W. Allen	1928 1821	Henry P. Davison	1922
George Anthon, M.D	1909	Francis P. De Luze	1892 1802
Francis R. Appleton	1866	Frederic De Peyster	1873
William H. Aspinwall	1894	Henry Dudley William A. Duer	1880
John Jacob Astor	1894	George R. Fearing	1892
William Waldorf Astor	1880	George W. Folsom	1873
Edgar S. Auchineloss	1908	S. Barton French	1899
John T. Atterbury	1896	Elbert H. Gary	1908
	1922	Peter B. Goelet	1813
Elliott C. Bacon	1922	Archibald Gracie	1799
George F. Baker	1892	James King Gracie	1879
Francis S. Bangs	1829	John C. Green	1861
Edmund L. Baylies	1890	William Greenough	1880
Nathalie E. Baylies	1908	George Griswold	1866
William Bayard	1799	Andrew Hamersly	1799
Rev. Abraham Beach, D.D	18—	Lewis C. Hammersly	1834
James W. Beekman	1892	Robert Ray Hamilton	1882
Robert Lenox Belknap	1880	Abijah Hammond	1821
Robert Lenox Belknap, Jr	1881	Jacob Harsen	1861
Christopher M. Bell, M. D	1898	Isaac S. Hone	1834
William Birdsall	1845	John Hone	1829
Samuel P. Bladgen	1897	Philip Hone	1821
Temple Bowdoin	1908	Hamilton L. Hoppin	1896
Robert Bowne	1799	Alexander E. Hosack, M.D.	1845
Frederic Bronson	1880	David Hosack, M.D.	1799
Charles S. Brown	1928	William Houstoun	1799
Stewart Brown	1854	Clarence M. Hyde	1898
William H. Brown	1866	Adrian Iselin, Jr.	1893
Benjamin F. Butler	1845	William Jauncey	1799
William Allen Butler	1892	John Jay	1845
Charles L. Cammann	18—	Peter Augustus Jay	1813
H. LeGrand Cannon	1893	Walter Jennings	1928
LeGrand B. Cannon	1873	George Jones	1834
John S. Cary	1831	S. Nicholas Kane	1897
Lynde Catlin	1821	Robert Lenox Kennedy	1868
N. W. Stuyvesant Catlin	1879	H. Van Rennselaer Kennedy.	1888
J. Winthrop Chandler	1877	A. Gracie King	1879
John Charlton	1799	James G. King	1845
David M. Clarkson	1799	James Gore King	1914
Matthew Clarkson	1799	Rev. John Christopher Kunze	1799
De Witt Clinton	1808	Edward W. Lambert, M. D	1895

,	When		When
Ti di	llected	NI di sans	Elected
P. Van Zandt Lane	1888	Nathaniel Prime	
Charles Lanier	1898	Cornelius Ray	. 1799
James G. K. Lawrence	1892	Robert Ray	. 1834
William T. Lawrence	1891	Norman B. Ream	
Lewis Cass Ledyard	1892	Henry Remsen	1799
Lewis Cass Ledyard, Jr	1927	John Stark Robertson	1799
William B. Leeds	1904	James R. Roosevelt	1892
James Lenox	1866	Thomas F. Ryan	. 1911
Robert Lenox	1799	Philip J. Sands	1892
Jacob Leroy	18—	F. Augustus Schermerhorn	1894
Joseph F. Loubat	1899	Jacob H. Schiff	1895
James B. Ludlow	1898	Theodore Sedgwick	1845
Thomas W. Ludlow	1845	Edward W. Sheldon	1908
Alexander Maitland	1877	W. Watts Sherman	1892
Charles H. Marshall	1873	Jacob Sherred	1813
William S. Mayo, M.D	1877	Benjamin D. Silliman	1861
Dennis McCarthy	1831	Thomas G. Silliman	1854
Charles McEvers	1821	Francis Lynde Stetson	1911
William Bard McVickar	1887	Edward R. Stettinius	
D. O. Mills	1898	Frederic W. Stevens	
John W. Minturn	1866	Oliver S. Strong	
Robert B. Minturn	1845	Frank K. Sturgis	1928
Robert B. Minturn, Jr	1866	Henry A. C. Taylor	1892
George E. Moore, M.D	1878	John Thompson	1799
George Henry Moore	1873	Elisha Tibbets	1835
J. Pierpont Morgan	1894	Howard Townsend	1928
Andrew Morris	18—	Charles E. Tracy	1880
Dwight W. Morrow	1922	George T. Trimble	1854
William F. Mott	1845	Joshua S. Underhill	
Henry W. Munroe	1903	J. C. Vanden Heuvel	
John McL. Nash	1892	Cornelius Vanderbilt	
William H. Nielson	1866	William K. Vanderbilt	
Thomas Newbold	1895	Andrew Warner	
Adam Norrie	1873	John Watts	
Gordon Norrie	1877	F. Delano Weekes	
Oswald Ottendorfer	1894	John A. Weekes	
Trenor L. Park	1896	Apollos R. Wetmore	
Morton S. Paton	1905	George Peabody Wetmore	
Albert M. Patterson	1874	Edward F. Whitney	
Joseph W. Patterson	1868	Charles Wilkes	
Thomas Pearsall	1799	George Wilkes	
Thomas C. Pearsall	1808	Miss Grace Wilkes	
James Pendleton, M.D	1829	George G. Williams	
Robert P. Perkins	1904	Benjamin R. Winthrop	
Geo. W. Perkins	1904	Egerton L. Winthrop	
William M. Polk, M.D	1905	Egerton L. Winthrop, Jr	
William H. Porter	1911	Robert Dudley Winthrop	
Wilson M. Powell	1911 1932	Mrs. Anna Woerishoffer	
WIROII W. I OWEII	1302	TVATS. ZAIIIA VV UCITSHUHEI	1004

STATISTICS

OBSTETRICAL DEPARTMENT INDOOR AND OUTDOOR SERVICES

INDOOR AND OUTDO	JOR SER	VICES	
TOTAL DISCHARGES:	Lying-In Indoor	Berwind Outdoor	Total
Abortion, operative	. 153		153
Abortion, spontaneous		8	72
Full term operative delivery		15	649
Full term spontaneous delivery		666	2,612
Premature operative delivery		1	32
Premature spontaneous delivery		12	54
Discharged before delivery			411
Infant—Boarder			21
Not pregnant	. 20		20
Postpartum	. 39		39
Total TOTAL INFANTS: (Full Term and Pres		702	4,063
Total deliveries		3,347	
Multiple pregnancy (Twins)		43	
Total		3,390	
White		3,149	
Colored		423	
Total ECTOPIC PREGNANCY:	• • • • • •	3,572	
Tubal pregnancy		9	
SYPHILIS (Abortions and Deliveries):	T T .	n : 1	
	Lying-In Indoor	Berwind Outdoor	Total
Lues, no lesions, Wassermann or Kline reaction positive	. 20	52	72
Lues, no lesions, Wassermann or Kline			
reaction negative		9	18
Lues, with lesions, Wassermann or Kline			
reaction positive	. 1	0	1
Total		61	91
Incidence of syphilis (unknown c	ases	

Incidence of syphilis (unknown cases excluded) = 3.163%

TOXAEMIA (Abortions and Deliveries, Indoor Service):	
Vomiting of pregnancy	2
Chronic nephritis	39
Low reserve kidney	94
Pre-eclampsia	33
Eclampsia:	
Antepartum	1
Intrapartum	1
Postpartum	3
Unclassified	57
Acute yellow atrophy	1
Total	231
Incidence of toxaemia = 8.048%	

TYPE OF PELVIS (Not Including Abortions):

	Lying-In Indoor	$egin{aligned} Berwind \ Outdoor \end{aligned}$	Total
Normal	2,270	609	2,879
Flat simple	115	35	150
Funnel typical	5 3	10	6 3
Funnel flat	4		4
Generally contracted typical	62	26	88
Generally contracted funnel	13	1	14
Naegele	1		1
Rachitic flat	3	1	4
Rachitic, generally contracted	3	1	4
Other	1		1
Not measured	128	11	139
Total	2,653	694	3,347

PRESENTATION (Not Including Abortions):

	Lying-In Indoor	$egin{aligned} Berwind \ Outdoor \end{aligned}$	Total
No record	5	52	57
L.O.A.		351	1,822
L.O.T.	·	6	65
L.O.P.		20	98
L.O.P. (Posterior rotation)		1	1
O.A. (Primary)	_	_	$\overline{2}$
O.P. (Primary)		1	$\frac{1}{2}$
R.O.A.		178	788
R.O.T.		9	72
R.O.P.		43	189
R.O.P. (Posterior rotation)		$\frac{10}{2}$	3
Breech		13	141
Brow		10	6
Face		2	7
Transverse		4	8
Parietal			1
	-		5
Compound	_	11	13
		5	67
Vertex (Not differentiated)	62	<u> </u>	
Total	2,653	694	3,347
OPERATIONS (Full Term + Prematu	RE DELIV	VERIES):	
	Lying-In		
	Lying-In Indoor	$egin{aligned} Berwind\ Outdoor \end{aligned}$	Total
Forceps:	Indoor ——	$\dfrac{Outdoor}{}$	
Forceps: Low	<i>Indoor</i> 286		291
Forceps: Low Mid	286 105	$\dfrac{Outdoor}{}$	291 106
Forceps: Low	<i>Indoor</i> 286	$\dfrac{Outdoor}{}$	291
Forceps: Low Mid High	286 105 5	Outdoor 5 1	291 106 5
Forceps: Low Mid High Total	286 105 5 396	$egin{array}{c} Outdoor \ \hline 5 \ 1 \ \hline \hline 6 \ \end{array}$	$ \begin{array}{r} -291 \\ 106 \\ 5 \\ -402 \end{array} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Total	286 105 5 396 al clinic	$\frac{Outdoor}{5}$ $\frac{5}{1}$ $\frac{-}{6}$ $cases) = 14.926\%$	$ \begin{array}{r} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Total) Breech extraction	286 105 5 396 al clinic 118	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	$ \begin{array}{r} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction	286 105 5 396 al clinic 118 18	$\frac{Outdoor}{5}$ $\frac{5}{1}$ $\frac{-}{6}$ $cases) = 14.926\%$	291 106 5 402 %
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus	Indoor 286 105 5 396 al clinic 118 18 15	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	$ \begin{array}{r} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative	286 105 5 396 al clinic 118 18	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	291 106 5 402 %
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries)	Indoor 286 105 5 396 al clinic 118 18 15	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	$ \begin{array}{r} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries) Repair of 3rd degree laceration (Spon-	Indoor 286 105 5 396 al clinic 118 18 15 32 1,038	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	291 106 5 402 76 127 19 15 32 1,038
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries) Repair of 3rd degree laceration (Spontaneous + operative deliveries)	Indoor 286 105 5 396 al clinic 118 18 15 32 1,038	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	291 106 5 402 % 127 19 15 32 1,038
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries) Repair of 3rd degree laceration (Spontaneous + operative deliveries) Insertion of bag	Indoor 286 105 5 396 al clinic 118 18 15 32 1,038 21 21	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	291 106 5 402 76 127 19 15 32 1,038
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries) Repair of 3rd degree laceration (Spontaneous + operative deliveries) Insertion of bag Insertion of bougie	Indoor 286 105 5 396 al clinic 118 18 15 32 1,038 21 21 1	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	$ \begin{array}{r} $
Forceps: Low Mid High Total Incidence of forceps—Indoor (Tot Breech extraction Version and extraction Tamponade of uterus Manual removal of placenta Episiotomy (Spontaneous + operative deliveries) Repair of 3rd degree laceration (Spontaneous + operative deliveries) Insertion of bag	Indoor 286 105 5 396 al clinic 118 18 15 32 1,038 21 21	$ \begin{array}{c} Outdoor \\ \hline 5 \\ 1 \\ \hline 6 \\ cases) = 14.926\% \\ 9 \end{array} $	291 106 5 402 % 127 19 15 32 1,038 21 21

Caesarean Section: 40 Low cervical 31 Radical 5 Latzko 6 Classical + tubal sterilization 14 Total 96 Incidence of Caesarean Section = 3.618%	40 31 5 6 14
Indication for Caesarean Section: Cardiac disease Contracted pelvis Dystocia (cervical, 1; contraction ring, 1) Dystocia due to myoma Dystocia due to large infant with disproportion Elderly primigravida Foetal distress Multiparity (Nephrectomy) Placenta praevia Premature separation of placenta Presentation, abnormal (transverse 2, face 1) Previous Caesarean section (febrile) Previous gynecological operation Pyelitis Ruptured uterus Subluxation of spine Toxaemia, acute yellow atrophy Toxaemia, pre-eclampsia Toxaemia, nephritis, chronic Tuberculosis Vesico-vaginal fistula Total	5 37 2 4 2 1 1 8 4 3 7 2 1 3 1 1 1 4 5 1 1
HEMORRHAGE (Not Including Abortions): Lying-In Berwind Indoor Outdoor	Total
Antepartum: Placenta praevia 17 Premature separation 14 Postpartum 172 10 Puerperal 4 Incidence of postpartum hemorrhage (600 cc. or over, Caesarean sections not included) = 5.598%	17 14 182 4

MORBIDITY (FULL TERM AND PREMATURE DELIVERIES):

By "Puerperal Infection" is meant a rise in temperature to 100.4°F. (38°C.) occurring once during each of two twenty-four hour periods following delivery or remaining elevated longer than 24 hours, excluding the first 24 hours after delivery, unless the rise in temperature is definitely proven to be due to other causes, such as mastitis, pyelitis, or intercurrent infection. Morbidity includes all cases of Puerperal Infection and all those febrile from other causes. A temperature elevated to 100.4°F. (38°C.) once, or of only 24 hours duration, is a One Day Fever, and not included in the morbidity figure. The temperatures are taken on the Indoor Service as follows: 6–10 a.m., 2–6–10 p.m., unless otherwise ordered. The temperatures on the Outdoor Service are taken by the visiting nurse once a day at the time of her routine visit, unless otherwise ordered.

	Lying-In Indoor	Berwind Outdoor	Total
Afebrile	1,978	631	2,609
One day fever	370	36	406
Febrile, puerperal infection	229	15	244
Mastitis	39	4	43
Pyelitis	15	2	17
Intercurrent disease	11	4	15
Other (urinary)	8		8
Transferred to hospital (counted as			
postpartum admission)		2	2
Died at delivery	3		3
Total	2,653	694	3,347

Incidence of Morbidity—Indoor

(Abortions not included) = 11.396%

Incidence of Morbidity—Indoor

(Abortions included) = 11.335%

Incidence of Puerperal Infection—Indoor

(Abortions not included) = 8.641%

Incidence of Puerperal Infection—Indoor

(Abortions included) = 8.650%

MATERNAL MORTALITY

	Discharges	Deaths
Lying-In Hospital (Indoor)	3,340	9
Berwind Service (Outdoor)	702	2
Total	4,042	11
MATERNAL DEATHS: (All patients on the Berwind	Outdoor Serv	vice requir-
ing hospitalization are transferred to the Lying-l	In Indoor Ser	vice of the
New York Hospital):		
Eleven (11) maternal deaths in 4,042 discharg	ed patients.	
Gross maternal mortality (including abortio	ns, ectopic a	and other)
= 0.2721% or 2.721 per thousand discharged	patients.	
These 11 deaths were as follows:		
1. Antenatal patients (dying before delivery)	• • • • • • • • • • • •	0
2. Postpartum (Full term and premature deliver	ies)	8
(One patient was admitted from Berwind S	ervice)	
3. All other patients (Abortions, and admitted patients)	oostpartum) .	3
(One patient was admitted from Berwind S	Service)	
Total		11
Total	• • • • • • • • • • • • •	11

INFANTILE MORTALITY

Total infantile mortality includes all full term and premature infants, deadborn, stillborn or dying within 14 days following birth on the Lying-In Hospital Indoor Obstetrical Service and Berwind Outdoor Obstetrical Service. Abortions are all infants born weighing less than 1,500 grams, or measuring less than 35 cm. in length. Abortions are not included in the Total Infantile Mortality.

DISCHARGES (Abortions not Included):

		Deadborn	\imath	
	Total Infants	$and \\ Stillborn$	$Neonatal\ Deaths$	$Total \ Deaths$
Lying-In Hospital (Indoor Service)	2,688	77	33	110
Service)	702	5	10	15
Total Infants	3,390	82	43	125

Infantile Deaths (125 deaths in 3,390 cases):

Gross Infantile Mortality = 3.687%

An analysis of the 125 infant deaths is as follows:

	Lying-In Indoor	$egin{array}{c} Berwind \ Outdoor \end{array}$	Total
Deadborn, macerated Deadborn, not macerated Stillborn Neonatal	38 32 7 33	2 2 1 10	40 34 8 43
Total	110	15	125

MATERNAL MORTALITY FOR PERIOD

SEPTEMBER 1, 1932—DECEMBER 31, 1936

During this period there were forty-one (41) deaths in 18,207 discharged patients = 0.2251%, or 2.251 per thousand patients discharged. If expressed in terms of live births, this mortality is 2.324 maternal deaths per thousand live births. The causes of death in these 41 patients are shown in the following table:

	1932	1933	1934	1935	1936	Total
Acute yellow atrophy		1			1	2
Acute pulmonary oedema	1	1				1
Cardiac failure		1		2	1	4
Cerebrovascular accident		-		1	1	$\overset{\mathtt{1}}{2}$
Chorioepithelioma (after full term						
delivery)					1	1
Cystitis, ureteritis, pyelonephritis				1	1	1
Intrapartum infection	2	1		$\frac{1}{2}$		5
Miliary tuberculosis	~	•		$\tilde{1}$		1
Peritonitis, after Caesarean section.				1	1	2
Peritonitis, post abortal		_			1	1
Peritonitis, septicemia		1		1		1
Placenta praevia Postpartum hemorrhage	1			1 1		2
Postpartum hemorrhage after Cae-				1		~
sarean Section			2			2
Postpartum hemorrhage + bacte-						
raemia			1	-1	1	1
Premature separation Premature separation, postpartum			1	1		Z
hemorrhage					1	1
Puerperal infection					1	1
Pulmonary embolus			1			1
Pulmonary infarcts, multiple			1			1
Pyelitis, pyelonephritis, peritonitis			1	1		1
Pyelonephritis		1		1		1
Ruptured uterus		$\tilde{1}$				1
Ruptured uterus, pyelonephritis				_	1	1
Suicide				1		1
Total	4	7	6	13	11	41

GYNECOLOGICAL DEPARTMENT

TOTAL DISCHARGES	
Race:	
White	927
Colored	25
Total	952
DIAGNOSIS ON DISCHARGE	
Vulva:	
Bartholin gland abscess or cyst	
Carcinoma	
Condylomata accuminata	
Pruritis	
Vagina and Perineum:	
Cystocele, rectocele or both	
Myoma	
Old perineal laceration	
Relaxed outlet	
Vaginitis	
vagmins	•••
Cervix:	
Carcinoma	
Cervicitis	
Laceration	
Myoma	
Polyp	
Uterus:	
Adenomyoma	
Carcinoma	
Endometritis	
Hyperplasia of endometrium	
Menorrhagia, metrorrhagia or both	
Myoma	
Polyp	
Procidentia	
Retroversion	
Sarcoma	

Ovary: Abscess Carcinoma Cyst, not simple Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst Urethea: Carcinoma Caruncle Bladder: Carcinoma Other Conditions: Carcinoma Other Conditions: Carcinoma Operations Operations Operations Operations Operations Operations Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation Dilatation Dilatation and curettage Removal of polyp	Tube:	
Pyosalpinx Salpingitis	Hydrosalpinx	
Ovary: Abscess Carcinoma Cyst, not simple Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst Urethea: Carcinoma Caruncle Bladder: Carcinoma Caruncle Bladder: Carcinoma OTHER Conditions: Carcinoma OTHER Conditions: Carcinoma OPERATIONS Major Supphilis Tuberculosis OPERATIONS Major Total Vulva and Vacina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perincoplasty Cervix: Amputation Cauterization Dilatation Dilatation Dilatation Dilatation and curettage Removal of polyp	Pyosalpinx	• • • • •
Abscess Carcinoma Cyst, not simple Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage Removal of polyp	Salpingitis	1
Carcinoma Cyst, not simple Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major Major Minor Moginal Minor	Ovary:	
Cyst, not simple Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation and curettage 5 Removal of polyp		
Dermoid cyst Endometriosis Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization Dilatation Dilatation Dilatation and curettage Removal of polyp		
Endometriosis Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Cauterization 1 Dilatation and curettage Removal of polyp		
Parovarian cyst Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporthaphy or colpoplasty 1 Le Fort's operation Perincorthaphy or perincoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage 5 Removal of polyp		
Sarcoma Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Cauterization 1 Dilatation and curettage 5 Removal of polyp		
Simple retention cyst URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation and curettage 5 Removal of polyp		
URETHRA: Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation 2 Dilatation and curettage 5 Removal of polyp		
Carcinoma Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation 2 Dilatation and curettage 5 Removal of polyp	Simple retention cyst	• • • • •
Caruncle BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation 2 Dilatation and curettage 5 Removal of polyp		
BLADDER: Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage 5 Removal of polyp		
Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage 5 Removal of polyp	Caruncle	
Carcinoma OTHER CONDITIONS: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage 5 Removal of polyp	D	
Other Conditions: Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization 1 Dilatation Dilatation 2 Dilatation and curettage 5 Removal of polyp		
Carcinoma of breast Gonorrhoea Syphilis Tuberculosis OPERATIONS Major Soft Total Total Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation Dilatation Dilatation and curettage Removal of polyp	Caremonia	• • • • •
Gonorrhoea Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation Dilatation and curettage 5 Removal of polyp	Other Conditions:	
Syphilis Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation 1 Dilatation and curettage 5 Removal of polyp	Carcinoma of breast	• • • • •
Tuberculosis OPERATIONS Major 308 Minor 507 Total 815 VULVA AND VAGINA: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty 1 Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization 1 Dilatation 2 Dilatation and curettage 5 Removal of polyp	Gonorrhoea	
OPERATIONS Major	Syphilis	• • • • •
Major	Tuberculosis	
Minor	OPERATIONS	
Minor	Major	308
Total 815 Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation Dilatation and curettage Removal of polyp		
Vulva and Vagina: Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation Dilatation and curettage Removal of polyp	-	
Incision and drainage of Bartholin cyst or abscess Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp	Total	815
Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp	Vulva and Vagina:	
Colporrhaphy or colpoplasty Le Fort's operation Perineorrhaphy or perineoplasty Cervix: Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp	Incision and drainage of Bartholin cyst or abscess	
Le Fort's operation Perineorrhaphy or perineoplasty CERVIX: Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp		
Cervix: Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp		
Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp 5	Perineorrhaphy or perineoplasty	
Amputation Cauterization Dilatation Dilatation and curettage Removal of polyp 5	CEDVIV	
Cauterization 1 Dilatation		
Dilatation	•	
Dilatation and curettage		
Removal of polyp		
• • •	_	

UTERUS:	
Donald operation for prolapse	2
Hysterectomy, abdominal, subtotal	133
Hysterectomy, abdominal, total	12
Hysterectomy, vaginal	1
Interposition operation	1
Myomectomy	16
Suspension	85
	00
Tube:	
Rubin's test	9
Salpingectomy	130
Sterilization	6
Ovary:	
	47
Oophorocystectomy	105
Oophorectomy	
Resection of cyst	18
MISCELLANEOUS:	
Appendectomy	47
Exploratory laparotomy	20
Radium therapy	34
Removal carcinoma breast	1
Removal urethral caruncle	4
Transfusion	46
Transfusion	10
MORTALITY	
MORTALITI	
Deaths	3
In 952 discharges there were 3 deaths.	
Gross mortality = 0.3151%	
Of these there were 2 postoperative deaths which occurred	
in 308 major operative cases.	
Therefore postoperative mortality = 0.6493%	

MORTALITY ON THE GYNECOLOGICAL SERVICE

FOR THE PERIOD SEPTEMBER 1, 1932--DECEMBER 31, 1936

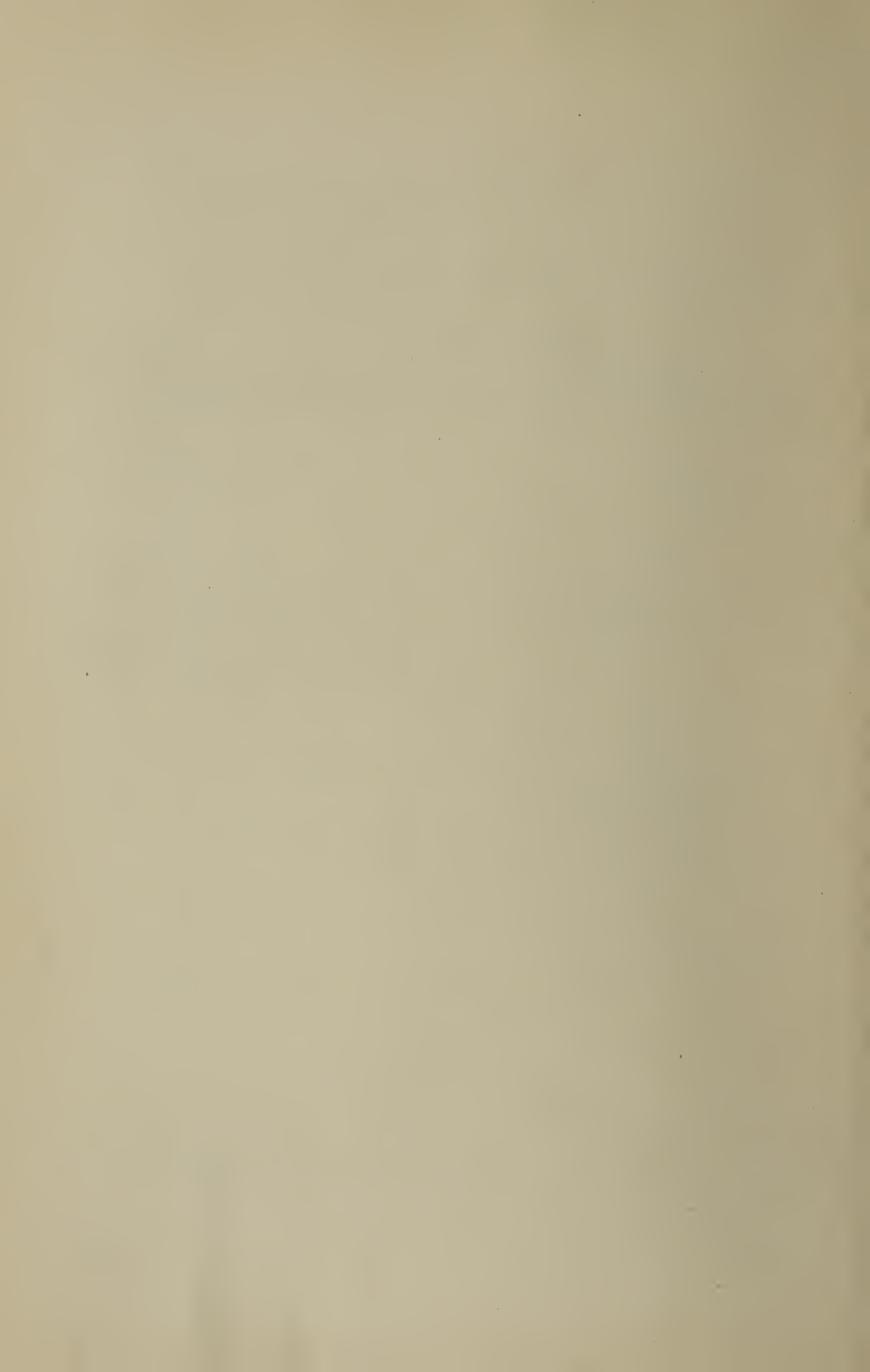
During this period there were twenty-four (24) deaths in 3,296 discharged patients, giving a gross mortality of 0.7281% or 7.281 per thousand patients discharged.

Operations:		Deaths
Major	1,060	9
Minor	1,631	3
Total	2,691	12

Incidence of postoperative mortality = 0.4459% (4.459 per thousand).

The causes of death in these 24 patients are shown in the following table:

	1932	1933	1934	1935	1936	Total
Carcinoma of cervix			1		1	2
Carcinoma of ovary		1	3	3		7
Carcinoma of uterus			1			1
Hemorrhage, cerebral				1		1
Hemorrhage, cervical myoma		1				1
Krukenberg tumor		1				1
Pelvic malignancy (type?)			1	1		2
Peritonitis		1	1	1		3
Pneumonia				1	1	2
Pulmonary embolus	1	1				2
Sarcoma of ovary					1	1
Sarcoma of uterus		1				1
Total	1	6	7	7	3	24









FORM OF BEQUEST